

Case Number:	CM15-0103754		
Date Assigned:	06/08/2015	Date of Injury:	01/15/2005
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 1/15/05. The diagnoses have included right shoulder strain, right thumb and wrist pain, right hand degenerative joint disease (DJD), possible Reflex sympathetic dystrophy syndrome and mild hypersensitivity of the left leg and fibromyalgia. Treatment to date has included medications, activity modifications, bracing, physical therapy, trigger point injections, transcutaneous electrical nerve stimulation (TENS) hand joint injections and home exercise program (HEP). As per the physician progress note dated 10/28/14, the only document with the records, the injured worker complains of low back pain, fibromyalgia, headaches and arthritic pain. The pain is described a sharp and constant. She states that she is doing well with the current pain medication regimen and the pain has remained unchanged. The average pain is rated 6/10 on pain scale, best pain level is rated 4/10 and worst pain is rated 10/10. The physical exam reveals tenderness at the right hand joints and swelling of the right metacarpal joint, swelling of the right thenar eminence, difficulty with closing the right hand. The current medications included Clonidine, Methadone, Norco, Oxycodone, Soma, Lyrica, MS Contin, Voltaren gel, and Wellbutrin. There is no urine drug screen report noted in the records. The physician requested treatments included Lyrica 50mg quantity 60 with three refills, Morphine Sulfate Contin 60mg quantity 30, and Wellbutrin XL 300mg quantity 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyrica 50mg quantity 60 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti Epilepsy Drugs: Pregablin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The claimant sustained a work injury in January 2005 and continues to be treated for chronic pain. When seen, pain was rated at 4-10/10. There was right hand swelling and tenderness. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and therefore is medically necessary.

Morphine Sulfate Contin 60mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in January 2005 and continues to be treated for chronic pain. When seen, pain was rated at 4-10/10. There was right hand swelling and tenderness. MS Contin is a sustained release opioid used for baseline pain. In this case, there was no documented submitted that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing cannot be considered as being medically necessary.

Wellbutrin XL 300mg quantity 30 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The claimant sustained a work injury in January 2005 and continues to be treated for chronic pain. When seen, pain was rated at 4-10/10. There was right hand swelling and tenderness. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies and, in terms of depression, medications that are likely to be optimal for most patients include bupropion. The requested dosing is within guideline recommendations and therefore is medically necessary.